McNUTT, (W.F.)

[Reprinted from THE MEDICAL NEWS, August 18, 1888.]

TREATMENT OF HYDROCELE BY INCISION OF THE TUNICA VAGINALIS AND BY A NEW PROCEDURE.

BY W. F. McNUTT, M.D., M R.C.P. ED.,
PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE IN THE UNIVERSITY OF CALIFORNIA, CONSULTING SURGEON AND PHYSICIAN TO ST. MARY'S HOSPITAL, ETC.

IN THE MEDICAL NEWS of April 7, 1888, my old friend, Dr. W. W. Keen, of Philadelphia, contributes an article on the "Radical Cure of Hydrocele by Excision of the Tunica Vaginalis," the article having been read at the Philadelphia Academy of Surgery, March 5, 1888. In the discussion which followed the reading of the paper (as reported in THE MEDICAL NEWS), Dr. Gross, of Philadelphia, begged leave to correct Dr. Keen in regard to the history of the operation and says:

"The history of the operation is briefly as follows: In 1873, Volkmann resorted to incision of the tunica vaginalis, with drainage and suture of the edges of the tunica vaginalis to the edges of the scrotum. In 1875 he incised the tunica vaginalis, united it with sutures, and also passed deep sutures, bringing the surfaces of the tunica vaginalis together. He was, therefore, the first to excise, as he was the first to incise, etc."

During the discussion Dr. Keen also makes use of the expression "the incision of Volkmann." From

SURGEON GEN'L'S OFFICE 349 LIBRARY

this language I have no doubt that Volkmann was the first to announce or report the incision of the tunica vaginalis as a remedial measure for the cure of hydrocele. He was not, however, by any means, the first to practise it.

I commenced the study of medicine, in 1859, with Dr. Samuel Muir, of Nova Scotia, who enjoyed a very extensive surgical practice, being well and favorably known throughout the lower provinces. Shortly after I commenced my studies, a patient came into his office with hydrocele. Dr. Muir remarked that this was a case of hydrocele upon which he had already operated three or four times by tapping and injections of diluted tincture of iodine, and that, having failed to make a cure, he would now proceed to make a free incision, laying open the sac, which he would brush with pure tincture of iódine, also saying that this was the proper treatment in all such cases in which the injection failed to cure or in which the injection was followed by suppuration. As he said nothing about the procedure being new or original with him, my attention was never called to the literature of this operation until I read Dr. Gross's statement.

I have treated, in all, quite a number of cases of hydrocele and have found it necessary to follow my old preceptor's method on two occasions. The first case was that of a French marketman, age about forty, who consulted me in 1869; he had been operated on by tapping and injections several times, and a great deal of inflammation and pain had followed the last injection, about three months before. The

hydrocele was large and the scrotum thickened and infiltrated; he was unwilling to have the operation repeated, on account of its frequent failures and the pain and inflammation caused by the last. I made a free incision and brushed the tunic with tincture of iodine; the result was a perfect cure. I saw the man a few years ago; he remained well. The second case on which I operated by free incision was for inflammation and suppuration which followed aspiration and injection.

Recently I have adopted a new and, so far as I know, an entirely original method of treating hydrocele, viz., to puncture the sac with Southay's dropsy trocar, leaving the canula in; after the fluid is all discharged applying absorbent cotton; covering with oiled silk and retaining with a suspensory bandage. As yet I have only aspirated four times; one case was cured, the canula remained in ten or twelve days, there being a few drops of pus in and about the canula. One case disappeared, canula and all; in one case the canula worried the patient and I removed it; and in the fourth case the canula dropped out. In both the latter cases the fluid reappeared, and I have repeated the operation since with the small canula, not leaving it in, but simply to relieve the patient. They both objected to injections.

I have had a canula made by Folkers Brothers, a quarter of an inch longer and with a double bulb. In operating I intended to force the first bulb through the scrotum into the sac, so that it will remain there until it is removed. I attempted to tie the little Southay canula in but failed.

Any one familiar with Southay's dropsy trocars will readily understand what is meant by a double bulb, as each little canula has a bulb on its distal end to prevent it from passing through the skin and being buried in the cellular tissue. The object of leaving the canula *in situ* is to drain off the fluid as it accumulates, thus allowing the surfaces of the sac to remain in contact, when it is expected that they will soon adhere, effecting a radical cure. It is probable that in most cases adhesions would take place after tapping were it not for the reaccumulation of the fluid separating the membranes.